



IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY
PORTABLE EQUIPMENT REGISTRATION AND RELOCATION FORM

COMPANY NAME: _____ PHONE NO.: _____

COMPANY MAILING ADDRESS: _____

NAME OF CONTACT PERSON: _____

Phone number (if different from above): _____

Signature: _____ Date: _____

PLANT TYPE (i.e., mfr. name, model no., etc.): _____

PERMIT TO CONSTRUCT OR OPERATING PERMIT NO.: _____ ISSUE DATE: _____

CURRENT PLANT LOCATION: _____

NEW PLANT LOCATION: _____

ESTIMATED DATES OF OPERATION AT NEW LOCATION (Month/Day/Year):

Startup: _____ End: _____

FUEL TYPE: _____

Have any major components of the plant or its air pollution control equipment been replaced or modified since the plant last operated? ____ No ____ Yes (If yes, explain below:)

Will the Plant be collocated with another rock crushing, concrete batch, or hot-mix asphalt plant at the new plant location? ____ No ____ Yes (If yes, provide the following regarding the other plant:)

Name of the other company: _____

Type of plant: ____ Crusher ____ Hot-Mix Asphalt ____ Concrete Batch

The Idaho Air Quality Permit Number and Date for the other plant: _____

If plant will be operated in conjunction with a contract with the state of Idaho, please specify:

Contract No.: _____

State of Idaho Contact Person: _____

Phone No.: _____

THIS FORM MUST BE SUBMITTED TEN (10) DAYS BEFORE PLANT IS RELOCATED.

A scaled plot plan identifying the property boundary of the new site must be included with this form.

**Mail to: PERF Processing Unit
Idaho DEQ - Air Quality
1410 North Hilton
Boise, Idaho 83706-1255**